Name: David EVANS

Return completed form to: WV Ethics Commission 210 Brooks Street, Suite 300 Charleston, WV 25303. (304)558-0664 or 1(866)558-0664



	Candidate Information, if applicable
ĺ	County:
	Candidate for:
	Date you filed for candidacy:
	District or circuit if applicable
1	

West Virginia Ethics Commission Financial Disclosure Statement

evised: 12-9-14	~~
Directions Please read and answer every question—even if your answer isit N/A* (not applicable). Income Statements will be returned to you for completion or confection. You must file a new Financial Disclosure Statement each year you hold or run-for a public posi. If this is your annual filing, the Statement is due by February 1. If you are a new appointee, this Statement is due within 30 days of the date of your appointm. If you are a candidate for public office, this Statement is due within 10 days of filing your Certa. The information you provide on this Statement covers the prior calendar year. You may attach additional pages to this form if necessary.	tion entai
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1. Name of filer and spouse Filer's last name FVANS Spouse's last name FVANS County of residence MANSHALL Business (employment) address City/state/zip First name David First name David First name David First name CeleSte Cameron, UV 26033	The state of the s
2. Elective Office Do you currently hold a county, circuit or state elected office? Yes No If yes, title of office: Delegate - 4 District Are you a candidate, or do you plan to become a candidate for public office in the next election? N/A If yes, for what office: Delegate 4 District Date you filed for candidacy:	Yes <u>}</u> No

3. Positions on State Boards, Commissions or Agencies List all State Boards, Commissions or Agencies on which you now serve or have served in the past 12 months through appointment by the Governor. Mark here if N/A

Name: David EVANS 4. Business Names List all names under which you and/or your spouse conduct or do business. If you or your spouse are self-employed, list the name or pames under which you or your spouse conducts the business, trade, sole proprietorship or profession. Mark here if no business names to report self ☐ spouse ☐ self 🗆 spouse🗖 self □ spouse□ 5. Employment For you and your spouse, list the name and address of each full-time or part-time employer(s) during the preceding calendar year. Include all employment with city, county or state government as well as employment in the private sector. Provide your job title and a general description of your job duties. For purposes of this question, an employer is one who provides you with a W-2 form. This does not include self-employment if listed elsewhere on the Financial Disclosure Statement. ☐ Mark here if neither you nor your spouse were employed during the past year. Employer Name and Address Job title and duties of your position Cross Country Coach at CHMERON HS self **X**spouse□ 1. MANShall County Schools 214 Middle GRAVE CREEK Kd self □ spouse□ 2. Moundsville, WV 26041 3. City of CAMERON SANITERY Board Member 44 MAIN Street/CAMERON UV 26033 self Ø spouse□ self □ spouse□ 4. 6. 20% Gross Income Categories for you and your spouse Did you or your spouse receive more than 20% of your gross income during the past calendar year from any one or more of the categories listed below? Yes _____ No ____ If yes, mark with an 'X' all categories that apply to you and/or your spouse. self spouse self spouse self spouse COMPANIES MINING GOVERNMENT Advertising ☐ Surface mining ☐ City or town Beer, wine or liquor ☐ Mining equipment □ County (or distributor) \Box □ Deep mining ☐ State ☐ Brokerage/Financial OIL OR GAS **ASSOCIATIONS OR ORGANIZATIONS** Advisor ☐ Retail ☐ Labor Association/Organization Cable television ☐ Wholesale \Box Professional Association ☐ Chemical Exploration Association that promotes ☐ Construction ☐ Production & Drilling gaming or lottery П ☐ Insurance ☐ Association of public employees UTILITIES or public officials ☐ Interstate transportation ☐ Electric Intrastate transportation ☐ Gas Trade Association or ☐ Manufacturing Organization ☐ Telephone Media □ Water ÖTHER ☐ Economic Development Promotional FINANCIAL Hospitals or other health care

☐ Banks, Savings &

Loan Assoc.

Companies

☐ Loan or Finance

providers

C Lobbying

☐ Information Technology

Legal service providers

П

□ Race tracks

□ Recreation

☐ Wholesale

☐ Waste disposal

☐ Retail

□ Timber

7. For-Profit Business	,	
ist the name and address of each for-profit busin	ess on which either	you or your spouse serves on the Board of Directors or as
n officer. Describe the type of business:		
Mark here if neither you nor your spouse serv	e on a Board of Dir	ectors or is an officer of a for-profit business.
Name and address of the b	ousiness	Description of the business
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ast the name and address of each non-profit organizations an officer. Describe the non-profit organizations are selected to the non-profit organizations and the non-profit organizations are selected to the non-profit organization are selected to the non-profit organizati	anization on Which e	either you or your spouse serves on the Board of Directors
		rectors or is an officer of a non-profit organization.
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Name: David Frans

11. DEBTS

A. Owed to others: List the names of all persons residing or transacting business in the state who you owe more than \$5,000 (in the aggregate) on the date of this Statement. Include debts you owe in the name of any other person and debts on which you are a cosigner.

You DO NOT have to report:

- 1. Debts to immediate family members, parents or grandparents
- 2. Home mortgages for your primary and secondary residences
- 3. Loans for autos maintained for the use of your immediate family
- 4. Student loans
- 5. Debts resulting from the ordinary conduct of your business, profession or occupation
- 6. Debts to a financial institution or to a credit card company

If any debt over \$5,000, which is otherwise non-reportable, required the approval of the state or any of its political subdivisions, or if a loan was obtained from the "Linked Deposit Program" (W. Va. Code § 12-1A-1 et seq.), you must list the debt.

<i>_</i>				
XMark here if	you owe	no debts as	described	above.

B. Owed to you: List the names of all persons residing or transacting business in the state who owe you, in the aggregate, more than \$5,000 on the date of this Statement (either in your name or any other person's name for your use or benefit.)

You **DO NOT** have to report:

- 1. Debts from immediate family members, parents or grandparents
- 2. Debts resulting from the ordinary conduct of your business, profession or occupation
- 3. Demand or saving accounts in banks, savings and loan associations, or other similar depositories
- 4. Loans by you to any business in which you have an ownership interest

•	•		,	
X	Mark here if you	had no debts ov	ed to you as	described above.

12. GIFTS

A gift is anything with monetary value, including meals and beverages. If you, your spouse, and/or any of your dependents received one or more gifts whose total value is more than \$100 from a person, business or organization which has a direct and immediate interest in a governmental activity over which you have control, then list the name of each giver UNLESS it falls into one of the exceptions listed below. "Total value" includes the cumulative fair market value of all gifts from the same source, directly or indirectly, during the previous calendar year.

Gifts from the following sources need **NOT** be reported:

- 1. your spouse, child, grandchild, parents or grandparents
- 2. a trust established by your spouse, child, grandchild or ancestor
- 3. a will or lawful inheritance in the absence of a will
- 4. a registered lobbyist (registered lobbyists report these expenditures on the Lobbyist Schedule A form with their Lobbyist Activity Reporting forms)

Mark here it you received no girts as described above.		
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Name: David EVANS

This page applies to questions 13 and 14 on the next page.

** If you are an elected official, candidate or state or higher education employee, you do not need to complete Worksheet A. You must, however, answer questions 13 and 14 about you <u>and</u> your spouse.

** All other filers: If you have been appointed to serve on a State Board, Commission or Agency by the Governor and receive no compensation for your service, you may not be required to report certain financial information about your spouse. Complete Worksheet A to determine if this spousal exemption applies. You still must report your own income and business information in questions 13 and 14.

Worksheet A (for questions 13 and 14)
Part 1. Are you a State Board, Commission or Agency member appointed by the Governor? YES Continue to Part 2. NO DO NOT complete parts 2 or 3 on this page. Continue to questions 13 and 14 on the next page and answer the questions for both you and your spouse.
Part 2. Do you hold another office or employment position that requires you to file this Financial Disclosure Statement? YES DO NOT complete part 3 on this page. Continue to questions 13 and 14 on the next page and answer the questions for both you and your spouse. NO Continue to Part 3.
Part 3. Complete this section to determine if you are exempt from disclosing certain financial information about your spouse in questions 13 and 14 on the next page. List the name of the State Board, Commission or Agency of which you are an appointed member: Board name:
Check each box that applies: 1. There is no compensation, per diem, salary or other payment authorized by state law for serving on this Board or Commission. (Excluding travel or expense reimbursement) Note: The test is not whether you decline compensation but whether it is authorized by code, statute or law. 2. Neither my spouse nor a business with which he or she is associated is regulated by the State Board, Commission or Agency on which I serve by appointment. ("Associated" is defined as a business in which your spouse, or his or her immediate family member, is a director, officer, owner, employee, compensated agent or holder of stock which constitutes five percent or more of the total outstanding stocks of any class. "Immediate family member" means dependent children, grandchildren or parents.) 3. Neither my spouse nor a business with which he or she is associated has a contract with, or receives any grant or appropriations from, the State Board, Commission or Agency on which I (the filer) serve.
If you have checked <u>all three boxes</u> in Part 3 above, then answer questions 13 and 14 on the next page as they pertain <u>only to you</u> .

→ If you did not check all three boxes in Part 3, you must answer questions 13 and 14 in

their entirety as they pertain to both you and your spouse.

Name: David EVANS

13. <u>ALL</u> sources of income over \$1,000 including employment - (To determine if you must disclose income information about your <u>spouse</u>, refer to Worksheet A)

- a. List <u>every</u> source or category of income or employment over \$1,000 received by you and/or your spouse during the preceding calendar year in your name, or by any other person for your use or benefit. Include employment even if listed elsewhere on this Statement.
- b. Include distributions received from retirement and pension accounts.
- c. Do not list specific names of clients or customers. For example, if you are a lawyer or an insurance agent, do not list the names of your clients.
- d. Do not disclose actual dollar amounts of income, only the source.

Indicate if the income was received by you or your spouse by marking the appropriate box in the chart below.

	g the appropriate box in the chair below.		
Categories of income over \$1,000	Description (or job title)		
self X spouse 🔑 Example. Social Security 💢 🚜	U.S. Government		
self X spousé X) Example: Sold real estate	Sold residence in Beckley		
self X spouse Example: Farming/timber	Sölü timber from myyfarin		
self spouse X Example Employment	Teacher, MingorCounty schools		
self spouse C			
Social Secunity	Retiree		
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14. Business and/or Property Interests - (To determine if you must disclose business or property interests of your <u>spouse</u>, refer to Worksheet A)

List the name and address of each business in which, during the past calendar year, you or your spouse held an Interest with a fair market value of \$10,000 or more including, but not limited to: non-publicly owned businesses, publicly or privately traded stocks, bonds or securities, including those held in self-directed retirement accounts, and commercial real estate. (For purposes of this question, DO NOT include mutual funds or specific holdings in mutual funds or retirement accounts. However, distributions from retirement accounts must be reported in question 13 if they are greater than over \$1,000 annually.) Attach additional sheets if necessary.

☐ Mark here if neither you nor your spouse had any interest in a business or real estate as described above.

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self X spouse Example	StoneWootApartment Buildi	ig/JID3 Main Street, Charleston I	MV 25312 - 200 - 37 - 30 - 32 - 32 - 32 - 32 - 32 - 32 - 32
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